

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-2315.M5**

MDR Tracking Number: M5-02-3053-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits including manipulations, therapies, DME supplies and reports rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that office visits including manipulations, therapies, DME supplies and reports fees were the only fees involved in the medical dispute to be resolved. As the treatment, (office visits including manipulations, therapies, DME supplies and reports) was not found to be medically necessary, reimbursement for dates of service from 7/23/01 through 5/29/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of October 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

October 17, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5 02 3053 01  
IRO #: 5251

\_\_\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to

\_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

The patient was treated for 72 weeks with chiropractic manipulation, passive modalities and active rehabilitation. During the course of this treatment, surgeon \_\_\_, performed a left carpal tunnel release and a left submuscular ulnar nerve transposition. This was performed on 3/30/01. On 7/2/01 \_\_\_ performed a right decompression of the ulnar nerve at the elbow with subcutaneous transposition, which was repeated on 11/6/01. \_\_\_ then had a third surgery on her right elbow on 6/3/02 by \_\_\_. After 26 weeks of treatment, the carrier denied manipulations beginning on 7/23/01 and denied dates of service after 1/4/02 for all other therapy.

#### DISPUTED SERVICES

Office visits with manipulations, therapeutic exercises, hot and cold packs, myofascial release, ultrasound therapy, neuromuscular re-education, electrodes, special reports and joint mobilization.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Addressing the denial of reimbursement for manipulations from 7/23/01, we see (per \_\_\_ objective evaluations, the patient suffered from carpal tunnel fixations throughout the entire course of the treatment and later from elbow fixations. What we don't see per his examination is any significant change in these fixations. He also does not present any objective testing to address any improvement of these fixations. Therefore, the dates in question for this procedure would be considered unnecessary.

With regard to the denial of reimbursement for all therapy after 1/4/02, we again see from \_\_\_ records little change in objective findings during these dates of service despite the patient's subjective improvements. We also cannot find any objective testing that shows improvement in the patient's condition. Again, because no objective testing is furnished and the doctor's own notes show very little objective improvement, I would also consider this care unnecessary.

There was additional dispute regarding TWCC-73 forms, but the forms were not presented in the documentation for review.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,